

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
SELECTION SERVICES SECTION
SUPPLEMENTAL APPLICATION EXAMINATION FOR PUBLIC HEALTH NURSE II, CORRECTIONAL FACILITY
Read instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Public Health Nurse II, Correctional Facility with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

Candidate's Name: _____

Social Security Number: _____

Address: _____

*****In order to expedite the hiring process your phone numbers are required*****

Home/Cellular Phone Number: _____

Work Phone Number: _____

Nursing License: _____

Number	Expiration date	State
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Signature

Date

I certify that all the statements I have made in this application are true and correct.

Mailing Instructions:

Mail your completed Supplemental Application, along with a Standard State Application Form (Std. 678) to any of the locations listed on the Examination Bulletin. You may download a copy of the Examination Bulletin, the Supplemental Application and the Standard State Application from the Department of Corrections and Rehabilitation website at www.cdcr.ca.gov or from the State Personnel Board website at www.spb.ca.gov.

**PUBLIC HEALTH NURSE II, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

MINIMUM QUALIFICATIONS

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (Std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this exam.

All classes in this series require possession of an active valid license as a registered nurse in California and a current certificate as a Public Health Nurse in California. (Applicants who do not meet this requirement will be admitted to the examination, but they must secure the required license before they will be considered eligible for appointment.) **And**

Either I

One year of experience performing the duties of a Public Health Nurse I, Correctional Facility, in the California state service.

Or II

Two years of experience as a public health nurse/community health nurse.

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

1. Willingness to work in a State correctional facility at various custody/security levels.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Willingness to work in various mental health settings and programs within the institution and to work with inmates/youthful offenders, including some who may be mentally ill, developmentally disabled, potentially dangerous, and/or sex offenders.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Willingness to work with inmates/youthful offenders, including some who may be infected with contagious diseases such as Hepatitis C, HIV/AIDS, or tuberculosis.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Willingness to stand for long periods of time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Willingness to promote positive, collaborative, professional working relations among co-workers or other staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Willingness to work professionally with individuals from a wide range of cultural backgrounds.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Willingness to work weekend work shifts (that is, Saturday and/or Sunday shifts) on an as needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Willingness to work from high tiers (approximately 15 to 60 feet) above the ground.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Willingness to carry equipment and materials weighing up to 20 pounds (charts, vaccines, sharps containers), to various areas on institution grounds.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Willingness to wear protective clothing (e.g., vests, hard hats, glasses/goggles/masks, and appropriate footwear, etc.) as required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Willingness to abide by and adhere to safety policies and provisions (e.g., wear personal alarm, carry whistle, etc.) applicable to specific work assignments.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Willingness to comply with annual tuberculosis screening requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Willingness to abide by and adhere to the institutional dress code.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Willingness to comply with departmental training requirements and participate in on-going education specific to your work assignment.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PUBLIC HEALTH NURSE II, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

WORK EXPERIENCE

Note to Applicants: Under "Work Experience," for items #15-45 please indicate:

Frequency:

a) If you have performed this task within the last 24 months

b) How often you perform this task

(Please select one box from "weekly" "monthly" and "annually" column)

Level of Skill:

a) The level of skill that you have in performing this task
(Please select one box from the "level of skill" column)

	Frequency				Level of skill		
	Performed task within last 24 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER LICENSING
15. Assist patients and staff with the prevention and control of communicable diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Perform public health nursing services for patients and or staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Direct staff and patients on public health subjects (e.g., Blood Borne pathogens, tuberculosis, universal precautions, respiratory protection, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Provide training/orientation to all staff on public health subjects (e.g., Blood Borne pathogens, tuberculosis, universal precautions, respiratory protection, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Perform epidemiological/contact investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Provide instruction to others (e.g., patients, staff, Health Care providers, community health care providers, visitors, etc.) regarding the care of patients and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Implement infectious disease control procedures in order to contain the spread of communicable diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Participate in conferences on community/public health problems in order to keep abreast of the current public health issues and changes in treatment and reporting requirements, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Act as liaison with State and local county health departments and other appropriate organizations on infectious disease control issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Assist medical staff with development of policies and procedures on infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Maintain accurate records (e.g., laboratory results, sterilization logs of equipment, environmental surveillance, immunization, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Prepare various written reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Facilitate nursing care for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PUBLIC HEALTH NURSE II, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

WORK EXPERIENCE									
Note to Applicants: Under "Work Experience," for items #15-45 please indicate: Frequency: a) If you have performed this task within the last 24 months b) How often you perform this task <i>(Please select one box from "weekly" "monthly" and "annually" column)</i> Level of Skill: b) The level of skill that you have in performing this task <i>(Please select one box from the "level of skill" column)</i>	Frequency				Level of skill				
	Performed task within last 24 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER LICENSING		
28. Collaborate with health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
29. Administer vaccinations/TB testing to patients and/or staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
30. Obtain specimens from patients for diagnostic testing as ordered by health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
31. Document in the medical records, the public health services received by patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
32. Monitor environment to ensure cleanliness and safe working conditions per CCR Title 8, 17 and 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
33. Advocate for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
34. Provide patient education and/or discharge planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
35. Participate on various meetings/committees/task forces/projects/teams, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
36. Perform tuberculosis screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37. Responsible for adhering to the confidentiality of patient and/or staff information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38. Prioritize work tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39. Instruct staff on the proper storage and disposal of bio-hazardous materials (e.g., needles, dressings, bandages, contaminated laundry, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40. Understand the disposal of bio-hazardous materials (e.g., needles, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41. Understand the use of universal precautions, and Local Exposure Control Plan, per CCR Title 8 requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42. Establish, promote and maintain collaborative and cooperative working relationships with all departmental staff and outside agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
43. Interpret written documents (e.g., skin test results, laboratory results, health care provider notes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
44. Assist patients with the prevention and control of communicable diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45. Perform public health nursing services for patients and/or staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**PUBLIC HEALTH NURSE II, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or you do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ **(D) Permanent Full-Time** ☐ **(R) Permanent Part-Time** ☐ **(K) Limited-Term Full-Time** ☐ **(A) Any**
If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

NOTE: California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ **(5) ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.**

☐ **7238 UPPER NORTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

<input type="checkbox"/> 0802 Pelican Bay State Prison Crescent City, Del Norte County	<input type="checkbox"/> 1802 California Correctional Center Susanville, Lassen County	<input type="checkbox"/> 1805 High Desert State Prison Susanville, Lassen County
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☐ **7231 NORTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

<input type="checkbox"/> 0309 Mule Creek State Prison Ione, Amador County	<input type="checkbox"/> 3417 Richard A. McGee Correctional Training Center, Galt, Sacramento County
<input type="checkbox"/> 3423 CSP, Sacramento Represa, Sacramento County	<input type="checkbox"/> 3901 Deuel Vocational Institution Tracy, San Joaquin County
<input type="checkbox"/> 4804 California Medical Facility Vacaville, Solano County	<input type="checkbox"/> 4811 CSP, Solano Vacaville, Solano County
<input type="checkbox"/> 2102 CSP, San Quentin San Quentin, Marin County	<input type="checkbox"/> 5505 Sierra Conservation Center Jamestown, Tuolumne County
<input type="checkbox"/> 3400 Headquarters Sacramento, Sacramento County	
<input type="checkbox"/> 3404 Folsom State Prison Represa, Sacramento County	

YOUTH FACILITIES:

<input type="checkbox"/> 3902 DeWitt Nelson YCF Stockton, San Joaquin County
<input type="checkbox"/> 3908 O.H. Close YCF Stockton, San Joaquin County
<input type="checkbox"/> 3917 N.A. Chaderjian YCF Stockton, San Joaquin County
<input type="checkbox"/> 3907 Northern California YCF Stockton, San Joaquin County
<input type="checkbox"/> 0311 Pine Grove Youth Pine Grove, Amador County
<input type="checkbox"/> 0307 Preston YCF Ione, Amador Count

☐ **7232 CENTRAL REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

<input type="checkbox"/> 1015 Pleasant Valley State Prison Coalinga, Fresno County	<input type="checkbox"/> 2003 Central California Women's Facility Chowchilla, Madera County
<input type="checkbox"/> 1513 Wasco State Prison Reception Center, Wasco, Kern County	<input type="checkbox"/> 2004 Valley State Prison for Women Chowchilla, Madera County
<input type="checkbox"/> 1514 North Kern State Prison Delano, Kern County	<input type="checkbox"/> 2701 Correctional Training Facility Soledad, Monterey County
<input type="checkbox"/> 1522 Kern Valley State Prison Delano, Kern County	<input type="checkbox"/> 2708 Salinas Valley State Prison Soledad, Monterey County
<input type="checkbox"/> 1605 Avenal State Prison Avenal, Kings County	<input type="checkbox"/> 4005 California Men's Colony San Luis Obispo, San Luis Obispo County
<input type="checkbox"/> 1606 CSP, Corcoran Corcoran, Kings County	<input type="checkbox"/> 1608 California Substance Abuse Treatment Facility, Corcoran, Kings County

YOUTH FACILITIES:

<input type="checkbox"/> 4003 El Paso de Robles YCF Paso Robles, San Luis Obispo County
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☐ **7233 SOUTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

<input type="checkbox"/> 1307 Calipatria State Prison Calipatria, Imperial County (North)	<input type="checkbox"/> 3313 Chuckawalla Valley State Prison Blythe, Riverside County
<input type="checkbox"/> 1308 Centinela State Prison Imperial, Imperial County (South)	<input type="checkbox"/> 3329 Ironwood State Prison Blythe, Riverside County
<input type="checkbox"/> 1503 California Correctional Institution Tehachapi, Kern County	<input type="checkbox"/> 3612 California Institution for Men Chino, San Bernardino County
<input type="checkbox"/> 1995 CSP, Los Angeles Lancaster, Los Angeles County	<input type="checkbox"/> 3613 California Institution for Women Corona, San Bernardino County
<input type="checkbox"/> 3310 California Rehabilitation Center Norco, Riverside County	<input type="checkbox"/> 3715 R. J. Donovan Correctional Facility at Rock Mountain San Diego, San Diego County

YOUTH FACILITIES:

<input type="checkbox"/> 3628 Heman G. Stark YCF Chino, San Bernardino County
<input type="checkbox"/> 1967 Southern Youth Correctional Reception Center & Clinic Norwalk, Los Angeles County
<input type="checkbox"/> 5610 Ventura YCF Camarillo, Ventura County

Please notify CDCR promptly of any address changes or availability for employment at the following address:

CDCR, Human Resources, Office of Selection Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center.

**PUBLIC HEALTH NURSE II, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

RECRUITMENT QUESTIONNAIRE

These questions are not part of the examination but are for the hiring authority's information.

HOW DID YOU HEAR ABOUT THE PUBLIC HEALTH NURSE II, CORRECTIONAL FACILITY EXAMINATION?

Check the box that best describes how you found out about the Nurse Consultant III (Specialist) examination.

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Job Fair/Career Fair
- ☐ Other